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# **510(k) SUMMARY**

Premarket Notification Number: K110230

**DEVICE**: RoG™ Sports Medicine Knotless Suture Anchor

#### SPONSOR/MANUFACTURER:

RoG Sports Medicine, Inc. 16450 S. 104<sup>th</sup> Ave. Orland Park, IL 60467

#### SUMBITTER/REGULATORY CONTACT:

Curtis Raymond Orchid Design 80 Shelton Technology Ctr. Shelton, CT 06484

FDA ESTABLISHMENT REGISTRATION NUMBER: (pending)

## TRADE NAME, COMMON NAME, CLASSIFICATION:

TRADE NAME: RoG Sports Medicine Knotless Suture Anchor

**COMMON NAME:** Suture Anchor

CLASSIFICATION: Class II (ref.: 21 CFR 888.3040); Product Code MBI

### PREDICATE DEVICE(S):

K070389 - ALLthread™ PEEK Suture Anchor (Biomet Sports Medicine)

### DESCRIPTION OF SUBJECT DEVICE:

The subject device is screw-like in shape and composed exclusively of PEEK plastic. It is available in diameter of 5.5mm lengths of 17mm. It is supplied non-sterile and is intended for sterilization by the user facility. It allows the user to secure a suture of his/her selection to the top of the anchor. The anchor is supplied with reusable taps and guides of corresponding size.

#### INTENDED USE:

The RoG 5.5 mm Knotless Suture Anchor is indicated for soft tissue reattachment procedures in the shoulder, elbow, wrist/hand, foot/ankle and knee. Specific indications are as follows:

- Shoulder indications:- Bankart repair, rotator cuff repair, SLAP lesion repair, capsule repair or capsulolabral reconstruction, acromio-clavicular separation, deltoid repair, biceps tenodesis.
- <u>Wrist/Hand indications</u>:- Ulnar/Radial collateral ligament reconstruction, scapholunate ligament reconstruction.

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- <u>Foot/Ankle indications</u>:- Achilles tendon repair/reconstruction, hallax valgus reconstruction, lateral stabilization, medial stabilization, mid- and forefoot reconstructions.
- <u>Elbow indications</u>:- Biceps tendon reconstruction, ulnar or radial collateral ligament reconstruction, lateral epicondylitis repair.
- <u>Knee indications</u>:- Lateral collateral ligament repair, medial collateral ligament repair, posterior oblique ligament repair, patellar ligament/tendon repair. iliotibial band tenodesis, joint capsule closure.

#### PERFORMANCE CHARACTERISTICS:

The subject was evaluated in accordance with FDA's Guidance Document for Testing Bone Anchor Devices (4/20/96). Testing consisted of pull testing and fatigue testing with comparison to the predicate device. The subject device was found to be equivalent to the predicate device in such performance.

### **SAFETY CHARACTERISTICS:**

The device is composed exclusively of polyetheretherketone (PEEK). A Master File demonstrating safety of the material has been supplied by the PEEK supplier and shows compliance to the requirements of ISO 10993. Additionally, validation testing was conducted to show the sterility of the device following autoclave sterilization.

### CONCLUSION(S):

The subject device has the same design considerations, assembly configurations, performance characteristics and indications for use as the predicate device.

## **DEPARTMENT OF HEALTH & HUMAN SERVICES**





Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

MAY 1 9 2011

RoG Sports Medicine, Inc. % Mr. Curtis Raymond Orchid Design 80 Shelton Technology Center Shelton, Connecticut 06484

Re: K110230

Trade/Device Name: RoG Knotless Suture Anchor

Regulation Number: 21 CFR 888.3040

Regulation Name: Smooth or threaded metallic bone fixation fastener

Regulatory Class: Class II

Product Code: MBI Dated: May 12, 2011 Received: May 13, 2011

## Dear Mr. Raymond:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): K110230

Device Name: RoG Knotless Suture Anchor

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- Shoulder indications:- Bankart repair, rotator cuff repair, SLAP lesion repair, capsule repair or capsulolabral reconstruction, acromio-clavicular separation, deltoid repair, biceps tenodesis.
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- Knee indications:- Lateral collateral ligament repair, medial collateral ligament repair, posterior oblique ligament repair, patellar ligament/tendon repair. iliotibial band tenodesis, joint capsule closure.

Prescription Use	Χ	AND/OR	Over-The-Counter Use	
(Part 21 CFR 801 Subpa	rt D)		(21 CFR 801 Subpart C)	
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)				
Concurrer	ice of C	DRH, Office of D	evice Evaluation (ODE)	

(Division Sign-Off)
Division of Surgical, Orthopedic, and Restorative Devices

510(k) Number <u>K110</u>230

or M. Mckorn